

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS,  
NEUROPSYCHIATRIC HOSPITAL DISTURBED BUILDING  
(Veterans Administration Facility, Jefferson Barracks, Building No. 53)  
(Veterans Administration Hospital, Jefferson Barracks, Nursing Home)  
(Department of Veterans Affairs Medical Center, Jefferson Barracks  
Division)  
VA Medical Center, Jefferson Barracks Division  
1 Jefferson Barracks Drive  
Saint Louis  
Independent City  
Missouri

HABS MO-1943-Y  
*MO-1943-Y*

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

HISTORIC AMERICAN BUILDINGS SURVEY  
National Park Service  
U.S. Department of the Interior  
1849 C Street NW  
Washington, DC 20240-0001

## HISTORIC AMERICAN BUILDINGS SURVEY

### U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS, NEUROPSYCHIATRIC HOSPITAL DISTURBED BUILDING (BUILDING 53)

HABS No. MO-1943-Y

- Location:** Building 53, VA Medical Center, 1 Jefferson Barracks Drive,  
St. Louis, Missouri  
USGS Quadrangle Oakville, Missouri  
UTM Coordinates 16 7257643 E 9964885 N
- Date of Construction:** 1952
- Designer:** Jamieson and Spearl, Architects and Engineers, St. Louis, Mo.
- Contractor:** Unknown
- Present Owner:** U.S. Department of Veterans Affairs (VA)
- Present Use:** Nursing Home
- Significance:** The Neuropsychiatric Hospital Disturbed Building was part of an early 1950s effort to expand the U.S. Veterans Hospital, Jefferson Barracks, to accommodate veterans of World War II and the Korean War. The building also represents the early 1950s establishment of the Jefferson Barracks hospital as a facility specializing in psychiatric care. The Neuropsychiatric Hospital Disturbed Building also reflects the influence of Dr. Paul Haun, a VA psychiatrist who was very influential in shaping the design of VA mental-health treatment facilities in the post-World War II era. The Disturbed Building was constructed in the early 1950s as a facility for the intensive treatment of hospital patients who were suicidal or who had severe mental disorders. The building continued serving this function through the 1960s and 1970s, but by the late 1980s, it had been converted to a medical and geriatrics facility. The Disturbed Building was then completely gutted and rebuilt in the 1990s to serve as a nursing home, which is its current function.
- Project Information:** This project was sponsored and funded by the U.S. Department of Veterans Affairs as mitigation for the demolition of buildings at the St. Louis VA Medical Center, Jefferson Barracks Division, a property that has been determined eligible for the National Register of Historic Places via consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office.

**Description:**

The Neuropsychiatric Hospital Disturbed Building (Building 53, hereafter the Disturbed Building) is two-story building with a small third-level penthouse at the center of the building that holds mechanical equipment. The building sits on the northwest corner of the medical center complex and is situated on a grass lawn. The Disturbed Building is bordered on the south by the Spinal Cord and Tuberculosis Building (Building 52), on the east by lawn space and the Special Services Building (Building 61), on the west by lawn space and parking lots, and on the north by lawn space, a gravel lot, Jefferson Drive, and the boundary fence of the medical center.

The Disturbed Building has a full basement that is exposed on the rear of the building but below grade at the front of the building. The building has a reinforced-concrete structural frame consisting of concrete posts, beams, and floor and roof slabs. The wall areas between the concrete posts are filled in with concrete block and then veneered on the exterior with brick.

The exterior of the building features metal replacement windows and brickwork in alternating yellow and orange bands; the orange bands have alternating courses of projecting and recessed brick. On all sides of the building, a horizontal brick parapet with a thin limestone coping hides the roof. On some portions of the building, the original alternating orange and yellow brickwork has been replaced with red brick, and brick gables have been added to the building's parapets. These modifications were part of a 1990s rehabilitation of the building. The interior of the building was completely gutted and rebuilt as part of the 1990s construction project, so the building has no original interior spaces or finishes.

The facade of the building is the west wall, which faces a lawn and a semi-circular driveway. The building has a symmetrical composition with three projecting bays—a large center bay and two smaller bays that flank the center bay. The remainder of the facade is composed of the west wall of the main block.

The center projecting bay of the facade is two stories tall. The west wall of the center projecting bay features a glass and metal double door, flanked by two metal four-light windows. In front of the entrance is a carport with concrete columns and a concrete entablature; above the concrete entablature is a low-pitched gabled steel-frame roof. The second floor of the west wall of the center projecting bay has three metal four-light windows. This portion of the building has orange brick cladding, with a series of projecting stringcourses of yellow brick worked into the brickwork to create a horizontal linear texture. This part of the building is capped off with an orange brick gable of low pitch. The brickwork on this part of the building was rebuilt during the 1990s renovation of the building and is not part of the original 1950s design.

The north and south walls of the center projecting bay have the original yellow and orange striped brickwork. The first floor of the south wall of the projecting bay has two recessed openings; the second floor features four one-over-one metal windows. The north wall of the center projecting bay has a similar arrangement.

The center projecting bay is flanked by portions of the west wall of the main block. These walls have broad bands of orange and yellow brickwork, and each wall has four four-light metal windows on the first floor and four similar windows on the second floor. These sections of wall are then flanked by the southwest and northwest wings of the building. Both wings have west walls that feature an area of orange brick cladding in the center that is capped with a low-pitched gable. These areas of orange brick have, on both wings, a four-pane metal window on the first and second floors, and decorative stringcourses of yellow brick arranged in a pattern to produce a textured effect. Flanking the area of orange brick are two small areas of striped orange and yellow brick that reflect the original 1950s decorative program of the building. The north and south walls of the southwest and northwest wings feature three metal windows on each side and on each floor.

The remaining portions of the facade are the west walls of the south and north ends of the main block. These walls are a full two stories tall and have yellow and orange striped brickwork. The ends each have six small metal windows on both the first and second stories. The outer portions of the ends are recessed.

The north and south walls of the main block are similar in form. Both walls feature yellow and orange striped brickwork, with a yellow brick gable in the center of the roof parapet. The south wall has two four-pane metal windows on the first floor and two identical windows on the second. The north wall is identical to the south wall except that because of the sloping topography of the site, the basement of the north wall is partially exposed. This basement level is veneered in orange brick, and features a metal door with a flat-roofed porch supported by two steel columns. An above-ground connecting corridor structure that connects this building to other buildings at the medical center is also attached to the north wall's basement level.

The rear (east) wall of the building has a small gabled projection at the center of the main block, a basement addition at the center, and two wings: the southeast wing and the northeast wing. Since the site of the building is sloped to the east, the basement wall of the building, which is below grade on the building's west side, is exposed on the east side of the building.

The basement addition at the center of the east wall is veneered in orange brick and consists of a one-story base, with a plaza on top of the base. The plaza is covered over by three long narrow side-gabled shelters, each of which has concrete columns and a light green standing-seam metal roof. The east wall of the basement addition features brickwork

with stringcourses of yellow brick, a steep concrete and brick staircase, and four four-pane metal windows. The north wall of the addition also features four four-pane metal windows, and the south wall has a metal door.

The center of the east wall sits behind the basement addition, and has a small projection at the center. This projection has an orange brick-clad area in its center that has a low-pitched gable in the parapet. The projection also features yellow brick stringcourses and has one small metal window on the second floor.

The projection is flanked by portions of the east wall of the main block, and the outer portions of these sections of wall are recessed. Most of the basement levels of these two sections of wall are covered up by the basement addition. Both the south and north sections of these walls feature eight metal windows on both the first and second floors. Both of these sections of wall also have the yellow and orange horizontal bands of brickwork that are characteristic of the building's original 1950s design.

Flanking the two sections of wall of the main block are the southeast wing and the northeast wing; both wings have yellow and orange bands of brickwork, and a yellow brick gable at the center of the parapet on the east walls. The east wall of the southeast wing has two four-pane windows on the first floor and one such window on the second floor. The east wall of the northeast wing has two four-pane windows on the basement, first, and second floors. The north and south walls of both wings have one window each on the first and second floors, while the south wall of the northwest wing has a metal door on the basement level.

The remainder of the east wall consists of the south and north ends of the main block. Both ends have yellow and orange striped brickwork. The south end has two windows and a metal door on the basement level, and five windows each on the first and second floor levels. The outer portion of this end is recessed. The north end has five metal one-over-one windows on both the first and second floors; the basement level is mostly below grade because the building's site slopes up on the north end. This end wall also contains a section of recessed wall at its northern extremity.

The interior of the building originally featured double-loaded corridors leading into spaces like multi-bed wards, exam rooms, and offices. In most parts of the building, the interior still retains an arrangement with double-loaded corridors leading into small rooms. Some other areas of the building contain larger spaces like dining rooms. However, the building's interior was completely gutted and remodeled as part of the 1990s rehabilitation. As a result, the interior configuration of walls in the building was completely rebuilt and now reflects the 1990s rehabilitation and not the earlier history of the building. The original ward spaces, nursing stations, isolation rooms, and other distinctive features of the original layout were demolished as part of this renovation. No original interior finishes or

features remain on the interior. The interior currently has gypsum board walls, acoustical tile ceilings with fluorescent lighting, carpeted and tile floors, and 1990s-era interior doors.

### **History:**

The Disturbed Building's construction is related to a post-World War II conversion of the VA Hospital at Jefferson Barracks from a general medicine facility to a neuropsychiatric hospital. With the end of the war, a large number of veterans required medical and psychiatric treatment, and to address this situation in St. Louis, the VA constructed the John Cochran Hospital downtown for general medicine, and converted the existing Jefferson Barracks facility (south of the city) to a neuropsychiatric hospital. The John Cochran Hospital was built in the late 1940s and early 1950s, while initial new construction and remodeling for the neuropsychiatric facility was carried out at Jefferson Barracks from 1950 to 1952.

### **1940s Mental Health Reform and Post-World War II VA Neuropsychiatric Hospital Design**

The conversion of the Jefferson Barracks facility to a modern neuropsychiatric hospital was related to a wave mental health reform at the end of World War II. Public demands for improved conditions were stoked by a 1946 article in *Life* magazine, written by medical writer Albert Q. Maisel. Entitled "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," the article exposed shocking abuses in mental hospitals.<sup>1</sup> By 1947, as part of an effort to build new VA hospitals, Dr. Paul Haun, a psychiatrist with the VA's Washington D.C. office, developed the "Schematic Plan for a 1,000-Bed VA Hospital," a general plan for psychiatric hospital facilities that recommended the types of buildings to be provided, as well as the number of floors and other details. This plan was publicized in the article "New Trends in Hospital Design," by Haun and Dr. Z. M. Lebensohn, in the February 1948 edition of *The American Journal of Psychiatry*.<sup>2</sup>

Haun's designs emphasized the importance of recreational and occupational training activities, and he tried to reduce the stigma of psychiatric hospitalization by making the facilities resemble resorts or college campuses.<sup>3</sup> He recommended that each psychiatric hospital should have a multi-story admissions and intensive treatment building to handle both the initial observation and diagnosis of newly arrived patients and the various forms of intensive psychiatric treatment that followed the diagnosis. Haun favored the multi-story layout because it allowed doctors quick, easy access to patients and also made it easier to

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<sup>1</sup> Albert Q. Maisel, "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," *Life*, May 6, 1946, 102-118.

<sup>2</sup> Paul Haun and Z. M. Lebensohn, "New Trends in Hospital Design," *The American Journal of Psychiatry* 104, no. 8 (February 1948): 555-564.

<sup>3</sup> *Ibid.*, 564.

contain the patients and secure the facility. Patients would stay in this building for no more than four to six months.<sup>4</sup> If intensive treatment was not effective, the patient would be transferred out of the admissions and intensive treatment building and into one of several long-term care buildings for continued treatment. In contrast to the admissions and treatment building, Haun recommended that the continued treatment buildings should be low, sprawling structures of only one or two floors, which would allow patients easier passage to outdoor activities, an important part of Haun's treatment philosophy.<sup>5</sup>

### **The Function of the Disturbed Building at Jefferson Barracks**

An important part of Haun and Lebensohn's schematic plan for a VA hospital was a long-term, continued care building for patients who had more severe mental conditions, were suicidal, or who posed discipline problems. The 1948 article called this facility the disturbed building. After being admitted, patients spent their first four to six months at VA psychiatric facilities in a large multi-story admissions and intensive treatment building. If a patient were suicidal or had other severe problems that could not be successfully treated in the first four to six months, the patient transferred to the Disturbed Building for continued treatment. Haun wrote that the Disturbed Building was to be "designed for the greatest ease of observation and maximum security. It will also be located on the grounds so that its resident patients will not be unduly disturbed and in turn will not disturb others."<sup>6</sup> The article further states that "This building will be used to treat disturbed, suicidal, and problem patients who may maintain this type of behavior for long periods of time. Special facilities for hydrotherapy, physical medicine, and outdoor exercise are required."<sup>7</sup> The disturbed buildings were also to provide a 120-bed capacity, but those 120 beds were to be divided up into relatively small thirty-bed nursing units in order to "ensure a greater degree of attention from doctors, nurses, and attendants."<sup>8</sup>

Other continued treatment buildings at Jefferson Barracks closely follow Haun and Lebensohn's prescriptions, and so it is likely that the Disturbed Building also adhered closely to their plan. The fieldwork team located only a partial second-floor plan for the building; plans of other parts of the building were missing. Designed in January 1950 by Jamieson and Spearl, Architects and Engineers, of St. Louis, the building likely had a lobby, dining facilities, and office facilities in the center wing, based on the floor plans of the other continued treatment buildings at Jefferson Barracks. Each floor of the north and south wings of the building also probably contained a thirty-bed nursing unit, adhering to Haun's recommendation that nursing units in this type of facility be limited to a thirty beds. Plans of the north wing of the second floor have survived, and the nursing unit in this

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<sup>4</sup> Ibid., 557-559.

<sup>5</sup> Ibid., 555-564.

<sup>6</sup> Ibid., 558.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

area of the building contained two sixteen-bed rooms and two four-bed rooms. This nursing unit also had a nurses' station, an exam room, separate offices for doctors and clerical workers, bath and toilet facilities for the patients, and a student-interview room. The ward also had a room for electro-shock therapy, and six seclusion rooms for violent, disruptive, or suicidal patients.<sup>9</sup>

Haun and Lebensohn wrote that designs for past hospitals did not have ample office space, and exams and interviews were conducted in inappropriate spaces such as kitchens or hallways. To remedy this situation, Haun and Lebensohn strongly recommended a number of different types of dedicated spaces, all of which appear in the 1950 floor plan for the Disturbed Building at the Jefferson Barracks VA Hospital: centrally located nursing stations; clinical clerk's offices that allowed the clerk to "perform the clerical functions of the nursing unit, thus freeing the nurse and doctor for the performance of purely clinical duties"<sup>10</sup>; a separate doctor's office and exam room; and an interview room that was "placed in the bed area and that will be used by students and ancillary workers to interview patients on the ward."<sup>11</sup>

The Disturbed Building at the Jefferson Barracks VA Hospital had specialized facilities for dealing with suicidal patients and those with more severe mental conditions, including rooms for electro-shock treatment and a set of six seclusion rooms in each nursing ward, for isolating patients. The seclusion rooms in the building were small 10'0" x 8'6" rooms with a single door and a single toilet mounted diagonally in the corner of the room.<sup>12</sup> Haun and Lebensohn wrote at length about seclusion rooms in their 1948 article:

Much as we hope to avoid its use, it appears that there will always be a need for a single room affording the patient maximum security. It has been our aim to design a room which will have all the necessary safety features and yet be so attractive that it may be used equally well as a single room for an improving patient. This room should be 80-100 square feet in area.

Walls must be exceptionally sturdy, smooth, easily washable, and nonporous. They must serve to isolate noise from the balance of the nursing unit. The ceiling must be high and well sound-proofed. The ideal material would be a noise-dampening plaster which could be washed. Acoustical tile is too much of a temptation for the disturbed patient. Invariably, he manages to get to the ceiling and tear loose the tiles from the moorings. Floors should be made of some very tough material which could be trowelled on, and after setting would display a slight resiliency. Linoleum should never be used since it is always subject to warping and ripping. A central

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<sup>9</sup> Jamieson and Spearl, Architects and Engineers, *Construction Drawings for 544-Bed Neuropsychiatric Hospital, Disturbed Building*, 1950, on file at St. Louis VA Hospital, Jefferson Barracks Division, Building 3T.

<sup>10</sup> Haun and Lebensohn, "New Trends in Hospital Design," 559.

<sup>11</sup> *Ibid.*, 559.

<sup>12</sup> Jamieson and Spearl, *Construction Drawings*.



floor drain with a tamper-proof cover is provided so that the room can be scrubbed and hosed down with ease.

Radiators of all types are to be avoided by the use of under-floor radiant hot water heating. To accomplish this, coils of pipe are laid in the concrete just below the top flooring. This avoids the cold floors on which so many disturbed patients spend so much of their time.

Tamper-proof, lidless, specially constructed toilets will be placed in an inner corridor of each room. The flush valves for these toilets will be operated by the attendant from a locked cabinet opening into the corridor. The presence of a toilet in each room will, in our opinion, prevent much of the soiling so commonly found in many seclusion rooms. Frequently patients soil themselves and their rooms because attendants do not come in time or are reluctant to take a disturbed patient out of his room to the ward toilet.

All seclusion rooms will have forced mechanical ventilation and safety windows protected from the patient by unobtrusive detention screening. It goes without saying that no bars or grilles will be used in any part of the hospital.

The door to the seclusion room will be of heavy construction with tempered glass panels running perpendicularly so that personnel or varying heights may observe the patient without straining or stooping.<sup>13</sup>

Isolation rooms and electro-shock therapy present a grim picture of 1950s mental health treatment, but strong efforts were also made to keep life pleasant and comfortable for patients at the Jefferson Barracks VA Hospital. In a 1958 article, a *St. Louis Post-Dispatch* reporter characterized the campus as a 185-bed facility with a pleasant tree-lined campus, where patients were kept busy at therapeutic activities that would help them recover and return to normal life. The article also emphasized that patients wore their own clothing instead of hospital uniforms and lived in small wards instead of large dormitories. The influence of Dr. Paul Haun was showcased in the article, and the text repeated verbatim many of the statements about mental health treatment that were included in Haun and Lebensohn's 1948 article. The 1958 article also emphasized that the two-story design of buildings like the Disturbed Building allowed patients easier access to the outdoors and made them feel less confined, giving them more of a feeling of a normal daily life.<sup>14</sup>

The Disturbed Building continued to be used for its original function through the 1950s and 1960s. With the advent of psychoactive drugs in the mid-1950s, previous techniques to restrain and calm agitated patients were eventually abandoned. Significant areas of square footage in the Disturbed Building originally designed for treatments such as hydrotherapy

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<sup>13</sup> Haun and Lebensohn, "New Trends in Hospital Design," 564.

<sup>14</sup> Mary Kimbrough, "Rehabilitation Is Goal at Barracks Hospital," *St. Louis Post-Dispatch*, November 6, 1958.

and electro-shock therapy became obsolete as sedatives and other drugs were used to treat patients and manage their behavior. As early as 1958, Dr. Lester Drubin, the Jefferson Barracks VA Hospital director, was quoted as saying, "With the new drugs now available, there is no need for electric shock treatment. The space formerly used for that has been converted for use in other types of therapy."<sup>15</sup> The interior of the Disturbed Building was likely renovated again during the 1960, 1970s, and 1980s to keep the building current with modern psychiatric treatment practices.

### **Recent History of the Disturbed Building**

By 1990, the Disturbed Building was serving as the medical center's Medical and Geriatrics Building.<sup>16</sup> During the 1990s, the Disturbed Building was completely rebuilt and gutted down to its structural elements. Parapet gables and large areas of orange brick veneer were added to the building's exterior to soften the building's original cubic appearance and repetitive use of broad stripes of yellow and orange brickwork. A large rear basement wing topped with a patio with porches was also added to the building at that time.<sup>17</sup> Since the reconstruction, the building has been used as the medical center's nursing home. The building continues in that function today, and there are no plans to demolish the building in the upcoming redevelopment plan that is to be carried out at the medical center in the coming years.

### **Sources:**

Haun, Paul, and Z. M. Lebensohn. "New Trends in Hospital Design" *The American Journal of Psychiatry* 104, no. 8 (February 1948).

Jamieson and Spearl, Architects and Engineers. *Construction Drawings for 544-Bed Neuropsychiatric Hospital, Disturbed Building*. 1950. On file at St. Louis VA Hospital, Jefferson Barracks Division, Building 3T.

Kimbrough, Mary. "Rehabilitation Is Goal at Barracks Hospital." *St. Louis Post-Dispatch*. (November 6, 1958).

Maisel, Albert Q. "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace." *Life*, May 6, 1946.

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<sup>15</sup> Ibid.

<sup>16</sup> U.S. Department of Veterans Affairs, *Annual Real Property Survey Report, Building Numbers and Locations, Jefferson Barracks VAMC*, 1990, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

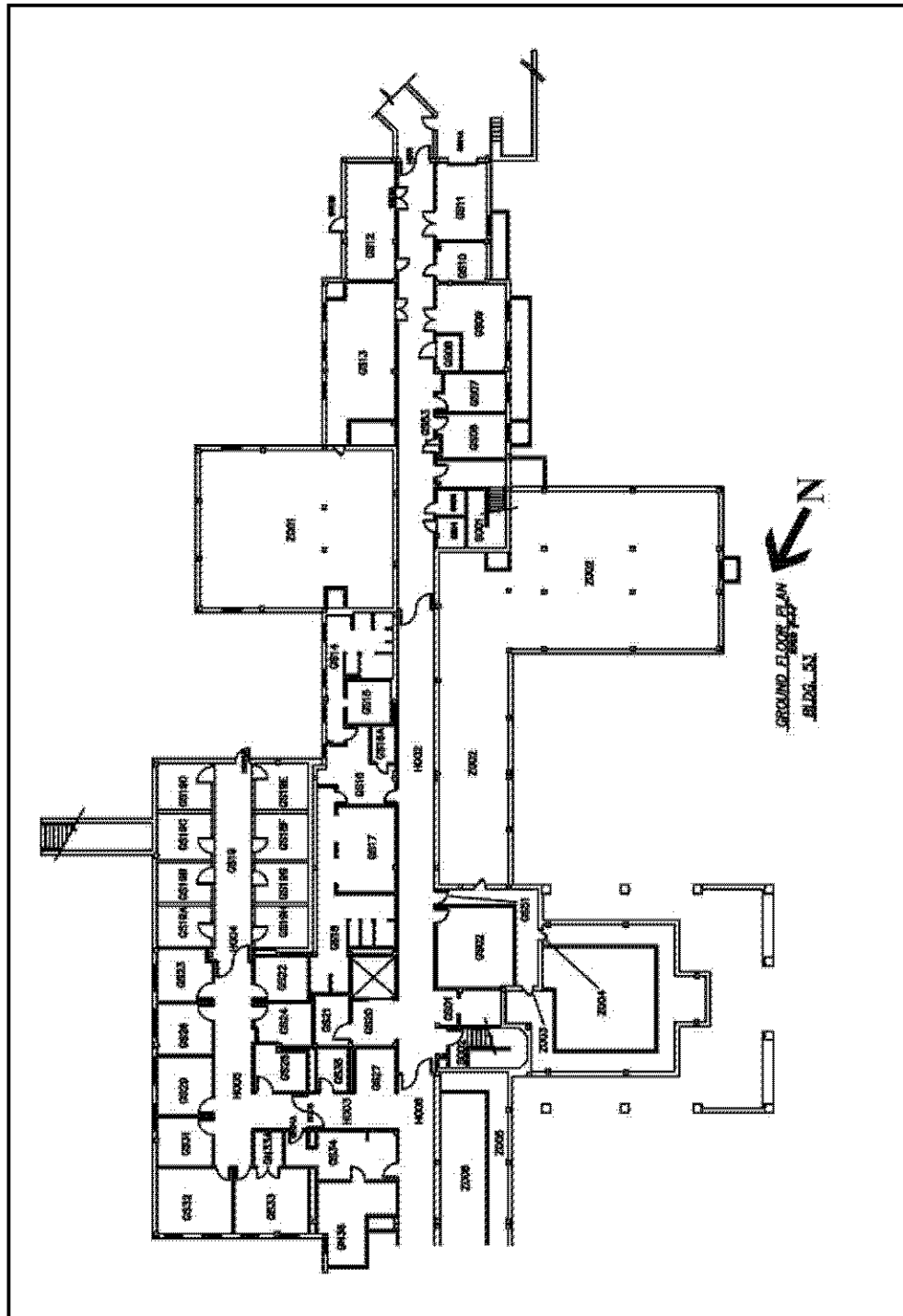
<sup>17</sup> U.S. Department of Veterans Affairs, Construction drawing files for Building 53, 1950-2010, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

U.S. Department of Veterans Affairs. *Annual Real Property Survey Report, Building Numbers and Locations, Jefferson Barracks VAMC*. 1990. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T

U.S. Department of Veterans Affairs. Construction drawing files for Building 53, 1950-2010. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

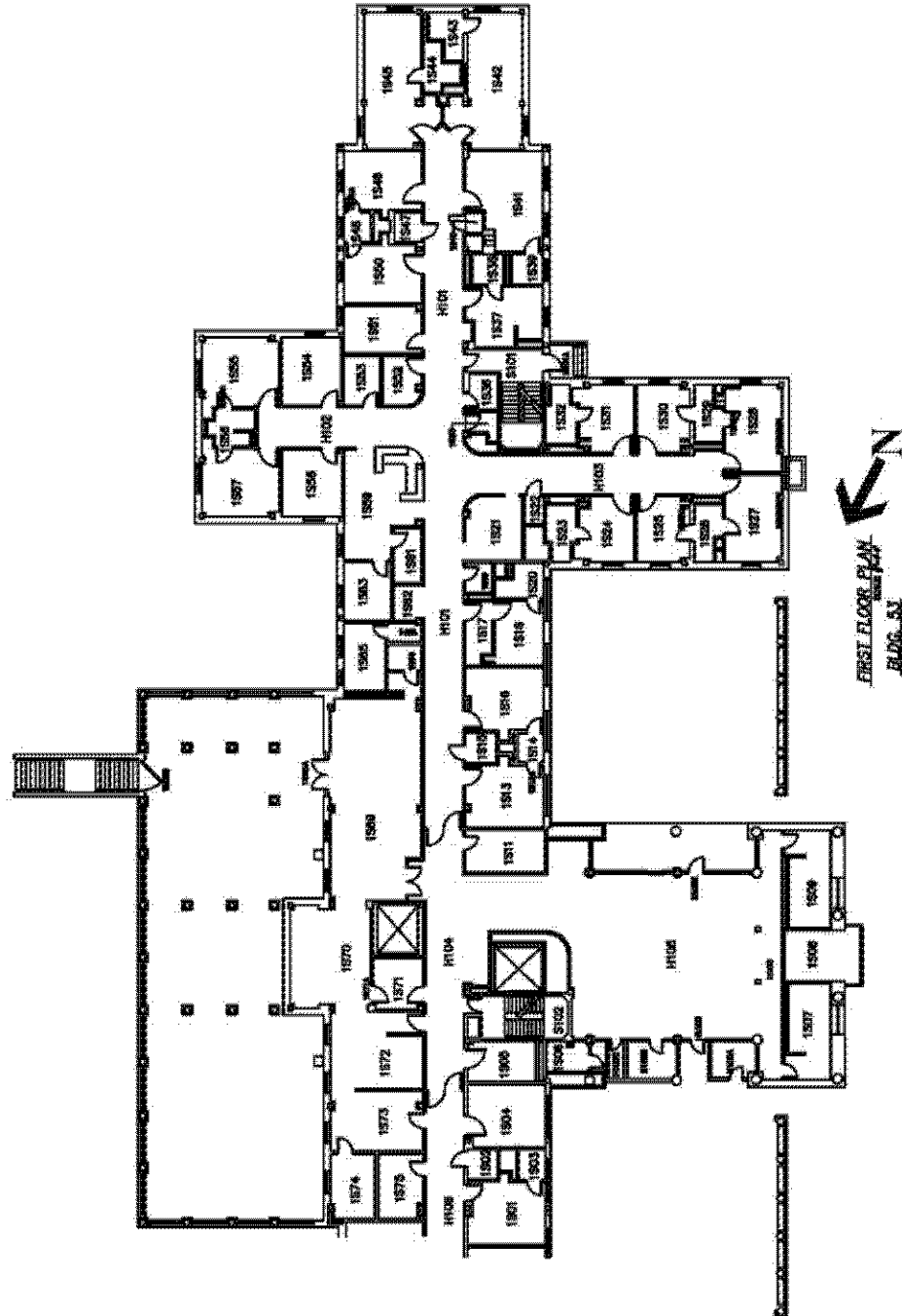
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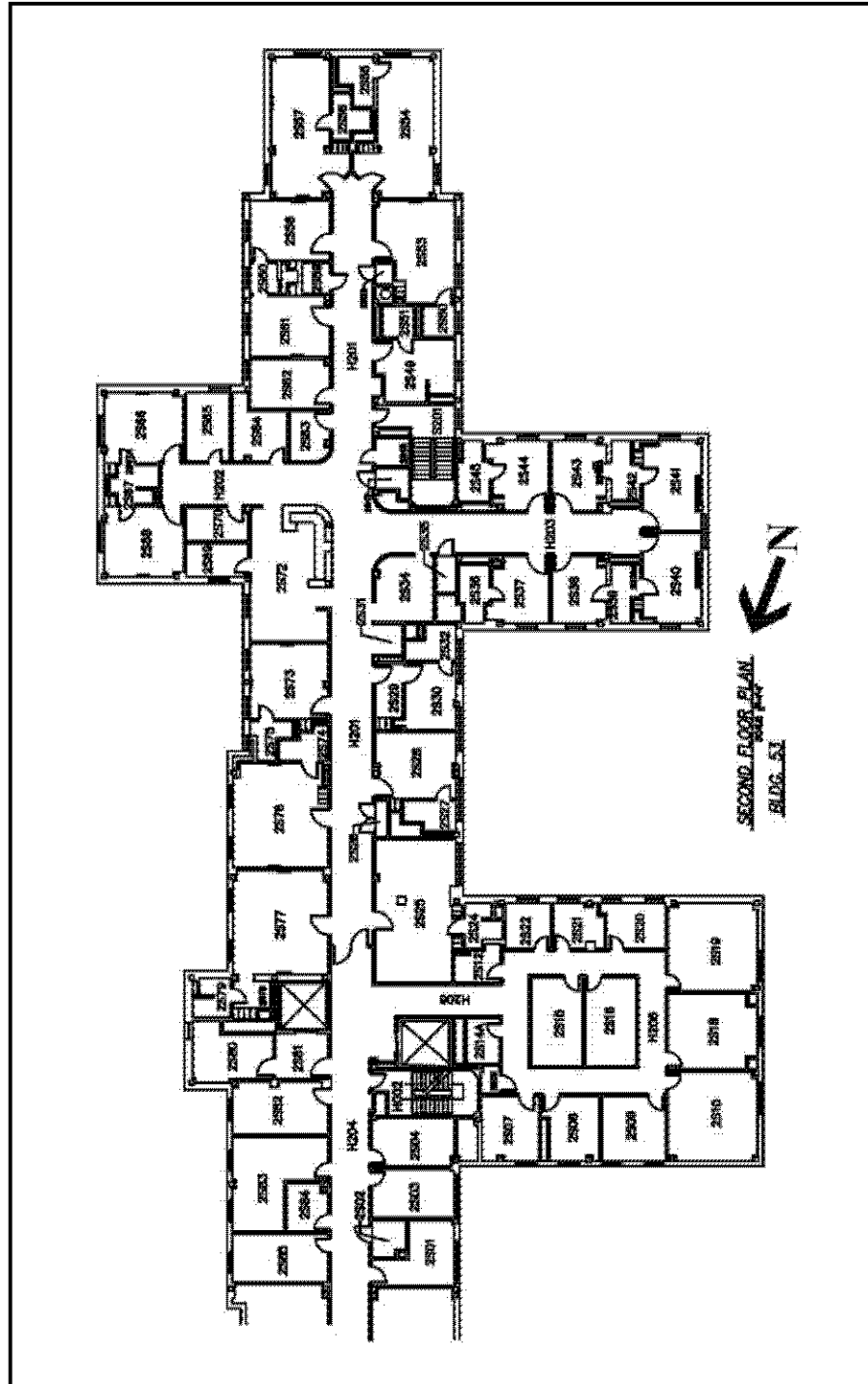
Neuropsychiatric Hospital Disturbed Building (Building 53),  
floor plan for ground floor (south side)

Neuropsychiatric Hospital Disturbed Building (Building 53),  
floor plan for ground floor (north side)



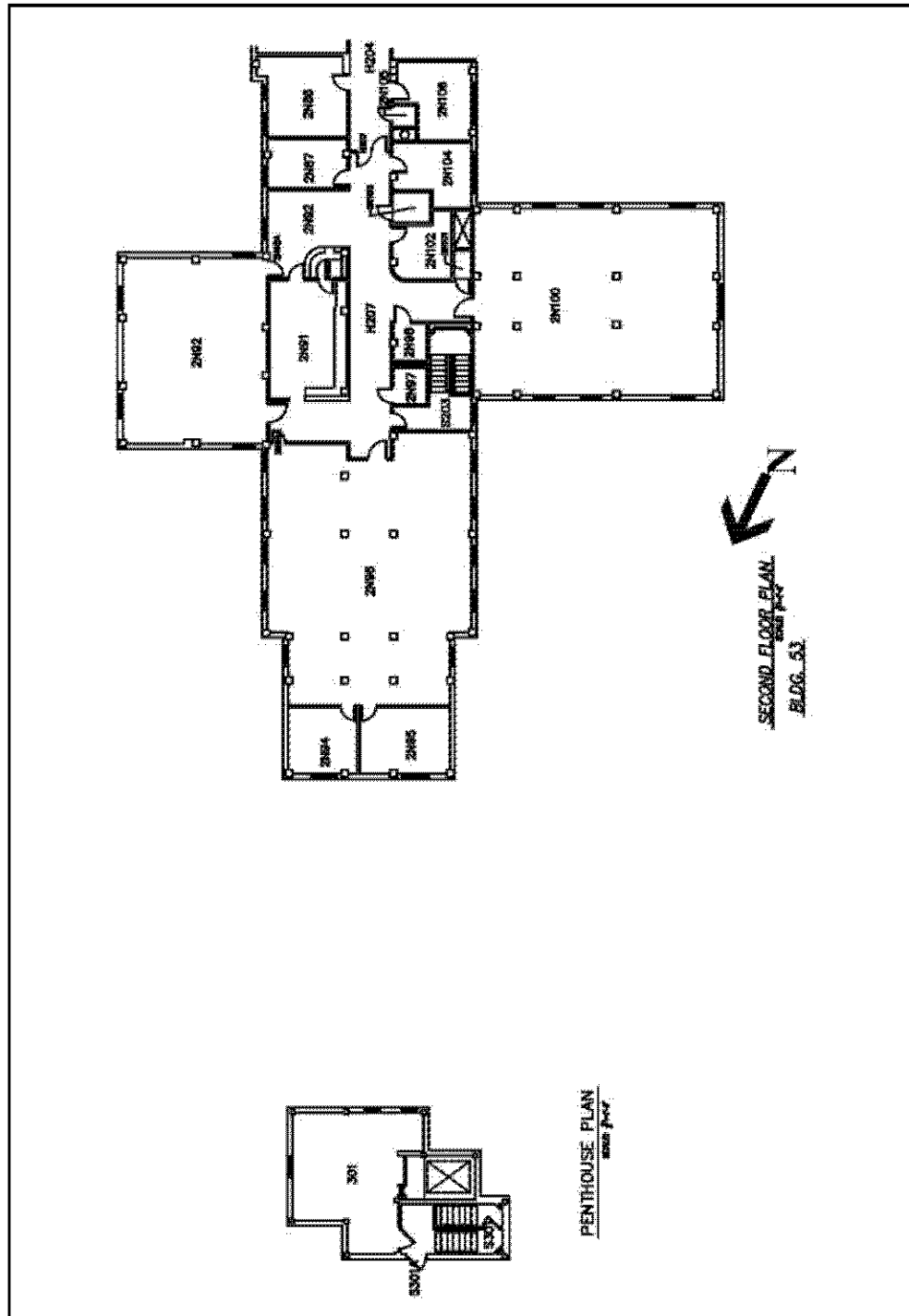
Neuropsychiatric Hospital Disturbed Building (Building 53),  
floor plan for first floor (south side)

Neuropsychiatric Hospital Disturbed Building (Building 53),  
floor plan for first floor (north side)

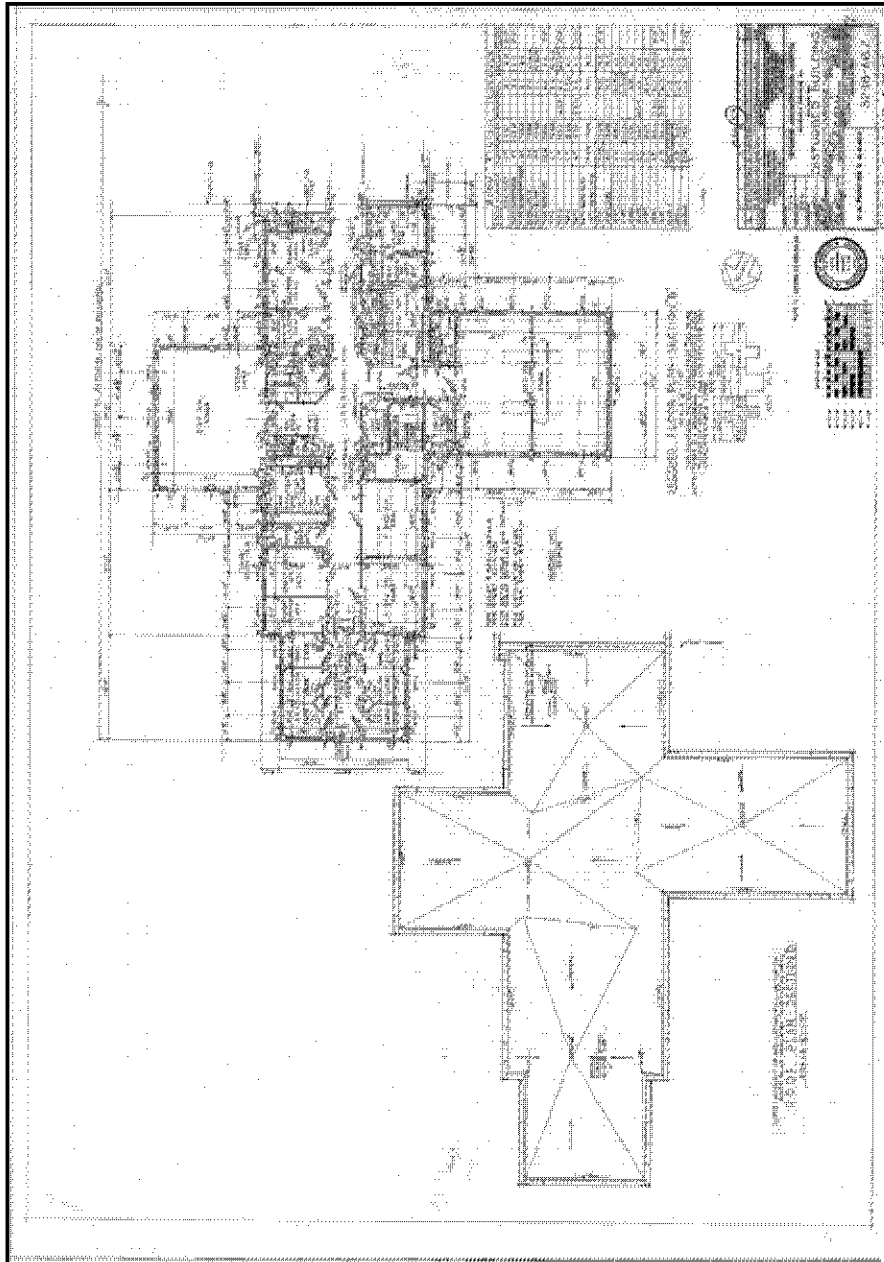


Neuropsychiatric Hospital Disturbed Building (Building 53),  
floor plan for second floor (south side)





Neuropsychiatric Hospital Disturbed Building (Building 53),  
floor plan for second floor (north side) and penthouse



Original second-floor plan, Neuropsychiatric Hospital Disturbed Building  
(Building 53), 1950

Other original floor plans are missing.